

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) Bor Z Jang					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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